SPEP Program/Service Classification Guide

Major Therapeutic Program Approaches and Types of Services within Each Approach Identified in the Current Classification Scheme for Research on the Effectiveness of Programs for Juvenile Offenders

SPEP Service Type Categories: Definitions, Descriptions, and Examples from Research Studies

Restorative services. Services of this sort aim to repair the harm done by the juvenile's delinquent behavior by requiring some compensation to victims or reparations via community service. They may also involve some form of direct reconciliation between victims and offenders. Two different intervention types appear in the research, sometimes combined in the same service array:

- **Restitution/Community Service**. Offenders provide financial compensation to the victims and/or perform community service. Restitution focuses on making the offender accountable to the community through some form of service/payment, e.g., fines or payment/service to the victim; community service.

  Example from research study: The service provides the means for juveniles to become accountable for their crimes while compensating victims for their loss. Youthful offenders are held accountable for their conduct by performing a work service for the community in an effort to aid the rehabilitation of the delinquent youth and/or to compensate the victims for losses suffered.

  Example from research study: The service is comprised chiefly of community service activities as restitution. The program works with Habitat for Humanity, Special Olympics, food drives, the Humane Society, tutoring and convalescent homes.

  Example from research study: Youths were required to pay monetary restitution to the victims of their crimes or, if there was no outstanding monetary loss, they were required to complete a specified number of community service hours.

- **Mediation**. Offenders apologize to their victims in spoken or written form and may meet with them under supervision. These interventions typically also include a restitution component. A counselor mediates/arbitrates between parties in conflict or between victim and offender.

  Example from research study: Service involved the mediation of victim-youth conflicts via an arbitration meeting.

Counseling and its variants. This diverse and popular service approach is characterized by a personal relationship between the offender and a responsible adult who attempts to exercise influence on the juvenile's feelings, cognitions, and behavior. Family members or peers may also be involved and the peer group itself may take the lead role in the relationship. The major variants on this intervention approach that appear in sufficient numbers in the research to warrant separate consideration are the following:

- **Individual counseling**. To include Individual Counseling, Therapy, Psychotherapy, Guidance – Any of a range of treatment techniques that focus on psychological or interpersonal problems or issues faced by an individual and that involves a one-on-one relationship with a therapist or counselor.

  Example from research study: Counseling sessions are provided to address client problems on a weekly basis or more if needed. Each student receives a minimum of one hour of individual counseling per week. Counseling sessions also offer the opportunity to discuss family problems and conflicts and will provide time to counsel clients on specific problems they experience during the day, such as self-esteem issues, peer relationships, disruptive classroom behavior, truancy, and academic problems.

  Example from research study: The student becomes a participant in ongoing individual counseling sessions held to address individual problems as well as family and community obligations. These sessions provide time to discuss the student's disruptive behavior in the classroom, community, and home.

- **Mentoring by a volunteer or paraprofessional**. An individual provides support, friendship, advice, and/or assistance to the delinquent individual. The mentor spends time with the juvenile on a regular basis involving activities such as sports, movies, helping with homework, etc. The mentor does not necessarily have to be an adult, but may be an older youth.

  Example from research study: The service consists of matching an appropriate adult volunteer to an at-risk youth. Volunteers provide positive role modeling behaviors and mentoring of appropriate behaviors, monitoring of school and community behaviors, constant discussion of life choices, access to knowledge, guidance to families, and exposure to new experiences and opportunities.

  Example from research study: The presence of a consistent positive role model provides the youth an opportunity to bond with another person in their community who establishes clear rules and boundaries for both behavior and academic performance.

- **Family counseling**. To include Family Counseling, Family Systems Intervention, Functional Family Therapy – Any of a range of treatment techniques that focus on family dynamics as a factor impacting delinquent behavior. This type of treatment may encompass the entire family, but at a minimum involves the child and his or her parent(s).

  Example from research study: The service involves conducting intensive family counseling with both parents, juveniles, and other family members. Family treatment plans are developed to assist families in creating goals, which will help them change dysfunctional behavior patterns. Treatment issues addressed include family communication skills, anger control in the home, setting clear rules and boundaries for behavior, and parenting skills.

  Example from research study: Family therapy intervention includes family preservation services, face-to-face and telephone consultation with family members, home visits, referral and consultation with schools and other community agencies, family assessment and evaluation.

- **Family crisis counseling**. The availability of a trained individual to respond either over the phone or in person to a crisis involving the juvenile and/or his or her family. This is often a short term treatment service.

  Example from research study: 7 day-a-week telephone crisis service.

- **Group counseling led by a therapist**. Any of a range of treatment techniques that focus on psychological or interpersonal problems or issues faced by an individual that involves a group of youths interacting with each other

  Example from research study: Treatment involved formal, insight-oriented discussions of the problem situations various members had been involved in during the week.

  Example from research study: Through guided discussions in a group counseling format and planned activities youth have the opportunity to be part of a group where positive interaction occurs, and encouragement of positive behavior is provided through modeling and social reinforcement.

- *Mixed counseling*—combinations of any of the above in equal proportion and often involves individual, group, and/or family. May also include supplemental referrals for other services, a common form used for diversion services.

Skill building services. These services provide instruction, practice, incentives, and other such activities and inducements aimed at developing skills that will help the juvenile control his/her behavior and/or enhance the ability to participate in normative prosocial functions. The main forms of these services are the following:

- **Behavior management**—behavior management and other such services that reward selected behaviors. This treatment operates on the basic principle that individuals will adapt their behavior in response to positive (rewards) and negative (punishment) responses from their environment. Typically, a set of goals reflecting specific behaviors is agreed upon. If the goals are achieved the individual is rewarded, if not there is a cost or penalty either in terms of not receiving the reward or other sanctions. Some specific versions of services of this type include:
  o Behavioral contracting—youth agree to a contract that specifies certain rewards for certain positive behaviors

- Contingency management—rewards and possibly penalties are applied in response to positive or negative behaviors according to some predefined scheme. Token economies in residential facilities are one example of this type of program.

Example from research study: Each youth has an individual service plan that describes the goals and time line the youth must abide by to successfully complete the service. Positive behaviors are rewarded and privileges are withheld for non-achievement.

Example from research study: The service rewards positive behavior at schools, homes, and within the service. Certain days are set aside for incentives. Clients may earn certain privileges by performing well and demonstrating consistent and positive behaviors.

Example from research study: Boys could earn mini-bike time for: bike safety, performing maintenance at scheduled times, and displaying appropriate social behaviors (including attending school regularly, abstaining from criminal activities and status offenses, being on time for group meetings, and cooperating with staff and peers).

- **Cognitive-behavioral therapy**. The goal of cognitive behavioral therapy is to correct an individual's faulty cognitions or perceptions of themselves or the world around them. Additionally, this type of therapy provides skills individuals can use to monitor their thought patterns and correct their behavior as situations unfold around them. This type of treatment element may also focus specifically on relapse prevention by having juveniles evaluate situations that may lead to a relapse of delinquent behavior and plan for how to either avoid them or cope with them effectively.

Example from research study: The program utilized a cognitive-behavioral, relapse approach- changing distorted thought patterns, reducing deviant interests, and developing healthy patterns of thought and behavior.

- **Social skills training**. Based on the premise that individuals who lack appropriate social skills may be perceived as threatening, disruptive, or otherwise deviant. Interpersonal skill building is a treatment technique focusing on developing the social skills required for an individual to interact in a positive way with others. The basic skills model begins with an individual's goals, progresses to how these goals should be translated into appropriate and effective social behaviors, and concludes with the impact of the behavior on the social environment. Typical training techniques are instruction, modeling of behavior, practice and rehearsal, feedback, reinforcement. May also include training in a set of techniques, such as conflict resolution or decision making, that focus on how to effectively deal with specific types of problems or issues that an individual may confront in interacting with others.

Example from research study: Communication skills included group activities that encourage effective communication between the youths and their peers, family members, and communities. Assertiveness skills training involved group activities to increase youth skills in assertive communication methods as opposed to passive or aggressive communication styles.

Example from research study: The service helps youth and their families learn appropriate positive communication skills. Subjects are given an opportunity to practice skills in listening, talking with respect, setting and maintaining appropriate house rules and negotiating conflicts.
Example from research study: The service offers classes on conflict resolution and making

appropriate decisions concerning behaviors and consequences.

- **Challenge programs**—interventions with therapeutic component(s) that provide opportunities for experiential learning by mastering difficult or stressful tasks. Juveniles participate in physically challenging activities such as hiking, ropes courses, or canoeing. The objective of these services, based in the philosophy of experiential education, is twofold: First, to teach self-esteem and confidence through the mastery of a progressively more difficult set of physically challenging tasks; and second, to introduce participants to the prosocial interpersonal skills (i.e., problem solving, communication, trust, etc.) required to work successfully as a group.

Example from research study: The survival program deliberately induced physical challenge including long marches, rappelling, forging streams, student expeditions, and a solo wilderness experience.

- **Remedial academic program**; for example, tutoring, GED programs. To include Remedial Education– any education designed to address deficits in a juvenile's education and bring him or her up to the level expected of children in his or her age group.

Example from research study: The service was based on an academic treatment model which provided individual instruction in functional areas of greatest learning deficiency, e.g., expressive and written language, reading or arithmetic. During treatment sessions, the learning disabilities specialist and participant worked to improve academic skills and attitudes toward school with materials, which had been carefully selected to be compatible with the adolescent's strongest learning modality (visual, auditory, or motor).

Example from research study: Each week the volunteers help the youth with any homework or reading assignments.

- **Job related training**—vocational counseling, job training, or job placement arranged to provide direct work experience. The overall emphasis is on preparing the juvenile to enter the work force. Service may include training job-related skills (e.g., interviewing), non-paid work service (non-restitution based), and other such employment related elements.

Example from research study: The service encourages youth to train for and enter the work force to improve their self-esteem, independence, employment skills and marketability. The service focuses on increasing basic skills, as well as focusing on computer and other technology skills that will improve the opportunities of participants in a competitive job market.

Example from research study: Juveniles conducted supervised work with various public service agencies throughout the community. Volunteers and the Program Manager monitor the juvenile for his/her progress.

SPEP Primary and Supplemental Service Categories and Targets for Amount of Service for the Most Common Types of Service

Group 5 service (Score=30)
Cognitive-behavioral therapy
Target weeks=15; target hours=45
Qualifying supplemental services: None (automatic 5 points added to score)

Group 4 service (Score=25)
Group counseling
Target weeks=24; target hours=40
Qualifying supplemental services: None (automatic 5 points added to score)

Mentoring
Target weeks=26; target hours=78
Qualifying supplemental services: Behavioral contracting/management

Behavioral contracting; contingency management
Target weeks=24; target hours=72
Qualifying supplemental services: Mentoring, Mixed counseling (individual, group, family, and/or vocational), Remedial academic program

Group 3 service (Score=15)
Family counseling
Target weeks=20; target hours=30
Qualifying supplemental services: None (automatic 5 points added to score)

Family crisis counseling
Target weeks=4; target hours=8
Qualifying supplemental services: None (automatic 5 points added to score)

Mixed counseling
Target weeks=25; target hours=25
Qualifying supplemental services: Behavioral contracting/management

Social skills training
Target weeks=16; target hours=24
Qualifying supplemental services: None (automatic 5 points added to score)

Challenge programs
Target weeks=4; target hours=60
Qualifying supplemental services: Group counseling

Mediation
Target weeks=4; target hours=8
Qualifying supplemental services: Restitution/community service

Group 2 service (Score=10)

Restitution; community service
Target weeks=12; target hours=60
Qualifying supplemental services: None (automatic 5 points added to score)

Remedial academic program
Target weeks=26; target hours=100
Qualifying supplemental services: Job -related services(work experience, job preparation, and/or job training)

Group 1 service (Score=5)

Individual counseling
Target weeks=25; target hours=30
Qualifying supplemental services: None (automatic 5 points added to score)

Job-related training
Vocational counseling
Target weeks=20; target hours=40
Qualifying supplemental services: Remedial academic services

Job training
Target weeks= 25; target hours=400
Qualifying supplemental services: Remedial academic services

Work experience
Target weeks=26; target hours=520
Qualifying supplemental services: Remedial academic services

Notes:
- The service types refer only to services substantially similar to the analogous services represented in the research studies on which the SPEP is based. The service category (Groups 1-5) and the target amounts of service apply only to services that have been properly classified into those categories. Full definitions of these service types, as found in the most current version of the SPEP Users Guide, must be used to make that classification.
- The target amounts of service are meaningful only in the context of the full set of SPEP ratings. That is, the expected effects of those amounts of service for any service category depend on the quality of service delivery and the risk level of the youth served as defined in the SPEP.

Explaining... The NIATx Model

Website: http://www.niatx.net/Home/Home.aspx

A Brief Overview

PEOPLE			TOOLS
1 Executive Sponsor	Change	1	Walk-Through [(Provides Baseline)
Sr leader to remove project barriers			to experience the process as a customer
2 Change Leader (Expert)	AIM	2	Flow Charting
lead and coordinate change team			creates an actual picture of the project from beginning to end
3 Change Team (Non-Expert)	Project	3	Nominal Group Technique
carry out tasks			tool change team uses to brainstorm techniques
		4	PDSA
			rapid (2 weeks) cycle to test changes

Rules:

1. Use Existing Resources: Achieve change with what's available.
2. Measure Change: Collect only info needed to achieve the project.
3. Sustain the Gains: Plan to monitor and intervene if necessary.

Goals:

1. Empowers staff to change the organization from within.
2. Change is from the bottom up.
3. Emphasis placed on teaching Quality Assurance/Quality Improvement techniques to mentor others.

Additional Tools/ Resources:

1. The NIATx Model: http://www.niatx.net/Content/ContentPage.aspx?PNID=1&NID=8
2. What is NIATx? "NIATx on a Napkin:"
   http://www.niatx.net/Content/ContentPage.aspx?PNID=1&NID=7
3. NIATx Change Leader Academy - 2-Day Workshop:
   http://www.niatx.net/Content/ContentPage.aspx?PNID=3&NID=24
4. NIATx for Large Systems – The System-Level Tool Kit:
   http://www.niatx.net/Content/ContentPage.aspx?PNID=2&NID=17
5. NIATx for Agencies – The Provider Tool Kit:
   http://www.niatx.net/Content/ContentPage.aspx?PNID=2&NID=16
6. NIATx E-Learning Course: Process Improvement 101 – A 60-minute Video:
   http://www.niatx.net/Content/ContentPage.aspx?PNID=2&NID=15

NIATx™ Conducting a Walk-through

What is a walk-through, and why do it?

A walk-through is an exercise where staff members walk through a process just as a "customer" does. The goal is to see the work flow process from the *customer's perspective*. Taking this perspective of services—from the first step, through the final step—is the most useful way to understand how the *customer* feels, and to identify improvements that will serve the *customer* better.

- *Customer - means the party to which the goods are to be supplied or service rendered by the supplier. May also be referred to as the 'User'.*

Steps for conducting a walk-through:

1. Select a process to walk-through

Meet with your director and/or CEO at your organization to decide:

- Who is your customer? Internal? External?
- What work process will you examine? What is the first step in the process? What is the final step in the process?
- Where will you focus your efforts—the entire process? Certain steps of the process? At which location?

2. Select two people from your organization to play the roles of "customer" and "observer/note taker."

The two of you will need to be detail-oriented and committed to making the most of this exercise. To ensure that your experiences will be as realistic and informative as possible, make sure you present yourselves as dealing with a process you are familiar with, and thus are able to consider the needs of people with these particular issues.

3. Let the staff know in advance that you will be doing the walk-through exercise.

Staff might be on their best behavior, but it is far better to include them than to go behind their backs. This is <u>**not a secret shopper exercise**</u>; ask them to treat you as they would anyone else.

4. Go through the experience just as a typical customer would.

Ideally, the walk-through should begin with a customer's first contact with your agency (i.e., making an initial call for services, first person to initiate a paper process such as billing a customer, writing a contract, receiving accreditation) and extend through the conclusion of the process or final report.

5. Try to think and feel as a customer or user would.

What are they thinking? How do they feel at any given moment? Note your observations and feelings.

6. At each step, ask the staff to tell you what changes (other than hiring new staff) would make it better for the customer and what changes would make it better for the staff.

Write down their ideas as well as your own. Write down your feelings as well.

7. Finally, between the two of you (customer and observer), write down a list of the needs you identified. What improvements could be made to address these needs?

Be sure to address what the needs are from both the customer and staff perspectives.

8. Focus your efforts on one key problem.

Meet with your director and/or CEO to review the findings of your walk-through and select one key problem as the focus for your process improvement project.

You can use this sample template to
note your observations and assessments as you do the walk-through.

Sample Walk-through Recording Template:

1a. Make the first contact.
1b. **Or** initiate the first step in a paper process or hand off for services to another location.

Did you call or e-mail? Were you told to call back, or transferred to voicemail? Did you get the information you needed on that first contact? How long would a typical customer have to wait for a response? Were you able to determine how long the entire process would take? Record your experience below.

2. Go through the entire process. Fill out all required forms. Experience it all, and record your experience below.

3. What were your thoughts and feelings during the experience?

4. What most surprised you during your walk-through? What two things do you most want to change?

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www.NIATx.net

Change Project Form

Name of Organization:

PROJECT CHARTER

1. CHANGE PROJECT TITLE	
2. What are you trying to accomplish what AIM will the Change Project address? Write a brief summary	
What is your Aim Statement? Include baseline data and target goal Example: Reduce the average time it takes to run a mile by 20% from 10 minutes to 8 minutes by February 1, 2012	Reduce/Increase(choose one) _____ by (%) ____ from(baseline) _____ to(goal) _____ by (completion date) _____
3. LOCATION(specify if you have more than one)	
4. START DATE and expected COMPLETION DATE	Start End
5. LEVEL OF CARE or SERVICE if applicable	
6. What CUSTOMER POPULATION are you trying to help, e.g. customers in a specific program, age group etc?	
7. EXECUTIVE SPONSOR	Name: Mailing address: Telephone number:
8. CHANGE LEADER Include mail address and telephone number	
9. CHANGE TEAM MEMBERS/ROLE on the team	
10. How will you COLLECT DATA to measure the impact of change? Who ill collect it?	
11. What is the expected IMPACT of this change project? Increase revenue or productivity, decrease expenses. How will the Executive Sponsor know?	

Change Project Form

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RAPID CYCLE TESTING – (add more cycles as needed)

Rapid Cycle #:

Cycle Begin Date: **Cycle End Date:**

What is the idea/change to be tested?

P   PLAN: *What steps are you specifically making to test this idea/change? Who is responsible? How it will get done?*

D   DO: *What steps did you implement? Document any problems and unexpected observations from the PLAN.*

S   STUDY: *What were the results? How do they compare with baseline measure?*

A   ACT: *What is your next step? Adopt? Adapt? Abandon? Why?*

Rapid Cycle #:

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S   STUDY: *What were the results? How do they compare with baseline measure?*

A   ACT: *What is your next step? Adopt? Adapt? Abandon? Why?*

EVALUATION AND SUSTAIN PLAN

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Project Outcomes (only complete once the project is finished)

1. What was the project **END DATE**(when you stopped making changes)?	
2. What did you **LEARN** (e.g., what were some unexpected outcomes or lessons learned from your change efforts)?	
3. What was the **FINANCIAL IMPACT** of this change project? (e.g. Increased revenue? Reduced costs? Increased staff retention?)	

Sustainability Plan (only complete if you are sustaining the changes)

A. Who is the **SUSTAIN LEADER?**	
B. What **CHANGES** do you want **TO SUSTAIN?**	
C. What **SUSTAIN STEPS** are being taken to ensure that the changes stay in place and that it is not possible to revert back to the old way of doing things?	
D. What is the **TARGET SUSTAIN MEASURE**, i.e. the point at which the Change Team would intervene to get the project back on track?	
E. What system is in place to effectively **MONITOR** the **SUSTAIN MEASURE?**	

Additional Notes:

CONTINUOUS QUALITY IMPROVEMENT PLAN

Provider Investment Measurement Tool

Agency Name: _____

Agency Representative Present Name(s): _____

Agency Representative Present Title/Role(s): _____

Compliance Levels (Yes/No):   Yes = **5**   No = **0**

Investment Levels (Measurement Scale):

0 (Not at all)   **1** (Slightly Acceptable)   **2** (Moderately Acceptable)

3 (Acceptable)   **4** (Very Acceptable)   **5** (Completely Acceptable)

Measurement Considerations

1. Did the agency attend the mandatory DCSD Informational Session?   (5 pts.)

Yes	No	Investment Level: Not applicable
Notes:		

2. Did the agency have the required levels represented from the agency at the Informational Session (A. Executive, B. Change Leader, C. Change Agent)?   (15 pts.)

A. Yes	No	Investment Level: Not applicable
B. Yes	No	
C. Yes	No	
Notes:		

3. *A.* Did the agency attend the mandatory initial DCSD NIATx Change Academy Training? (10 pts.)

Yes	No	Investment Level: 0 1 2 3 4 5
Notes:		

OR

3. *B.* Did the agency attend the optional annual Change Academy Booster Training? (10 pts.)

Yes	No	Investment Level: 0 1 2 3 4 5
Notes:		

4. Did the agency submit the action plan within the specified time frame?   (10 pts.)

Yes	No	Investment Level: 0 1 2 3 4 5
Notes:		

5. Did the provider accommodate and participate in the DCSD site visit?   (10 pts.)

Yes No	Investment Level: 0 1 2 3 4 5
Notes:	

6. Did the agency participate in follow-up DCSD technical assistance (TA) calls?   (10 pts.)

Yes No	Investment Level: 0 1 2 3 4 5
Notes:	

7. Were follow-up efforts from the TA call made by agency?   (10 pts.)

Yes No	Investment Level: 0 1 2 3 4 5
Notes:	

8. Did the agency participate in follow-up NIATx coaching calls (CC)   (10 pts.)

Yes No	Investment Level: 0 1 2 3 4 5
Notes:	

9. Were follow-up efforts from the CC made by the agency?   (10 pts.)

Yes No	Investment Level: 0 1 2 3 4 5
Notes:	

10. Did the agency make any additional internal efforts to address internal change?   (10 pts.)

Yes No	Investment Level: 0 1 2 3 4 5
Notes:	

Compliance/Investment Measurement Scale Range

< = 59 - 0 Not Acceptable
60 – 69 - 1 Slightly Acceptable
70 – 79 - 2 Moderately Acceptable
80 – 89 - 3 Acceptable
90 – 99 - 4 Very Acceptable
100 - 5 Completely Acceptable

****
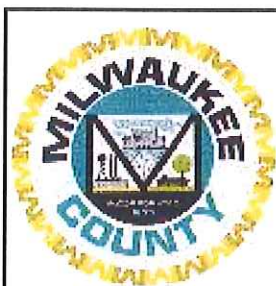
Agency Total Compliance Score (Yes/No) _____   **Agency Total Investment Score** (Scale) _____

Agency Total Compliance/Investment Score:

_____

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DCSD FEEDBACK REPORT

DEPARTMENT OF HEALTH & HUMAN SERVICES
DELINQUENCY AND COURT SERVICES DIVISION

Milwaukee County

Héctor Colón • Director
B. Thomas Wanta • Administrator

Juvenile Justice Reform and Reinvestment Initiative (JJRRI)
Provider Feedback Report/ SPEP Review and Recommendations

Program/ Organization:	**Example**
Program Location:	**Example**
Specific Service:	**Example: Mental Health Individual Counseling**
Corresponding Service Category:	**Example: Individual Counseling**
Time Frame Studied:	**Example: July 2012 - December 2013**
Juveniles represented in the Cohort:	**Example: N/A**
Criteria Met: (>= 10 youth and >= 80% with Risk Score data)	**No*** (See Disclaimer)
SPEP Score:	**Example: 00**
Report Author:	**De Shell Parker, DCSD Administrative Coordinator**

Provider Feedback Report Components
Introduction *Disclaimer
Program Description
SPEP Components
Service Type
Quality of Service
Duration of Service
Contact Hours of Service
Risk Level of Youth Served
Summary
Program Strengths
Program Improvement Capacity
Conclusion

Introduction

The Juvenile Justice Reform and Reinvestment Initiative (JJRRI) was launched by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) in collaboration with the Center for Juvenile Justice Reform at Georgetown University and the Peabody Research Institute at Vanderbilt University. This initiative aims to help juvenile justice jurisdictions achieve the high level of accountability that is necessary to operate in an evidence-based and cost effective manner while building on the jurisdiction's current service delivery model.

The Standardized Program Evaluation Protocol (SPEP) is a tool derived from meta-analytic research and is designed to compare existing juvenile justice intervention programs to the characteristics of the most effective programs found in the research. This scoring system, comprised of the components listed below, allows service providers, as well as county juvenile probation departments to identify areas in which improvements can be made to their existing programs that expect to increase effectiveness for reducing the recidivism of the juvenile offenders treated. In order to utilize the SPEP tool and receive SPEP scores, a service must have served at least 10 juveniles during the selected timeframe and at least 80% of the juveniles must have risk score data from a validated risk assessment tool. Risk scores are assigned based on the Youth Assessment Screening Instrument (YASI) conducted by our Human Service Workers (HSW) at the time of intake. Although we greatly value your partnership in this process and hope to provide valid SPEP scores once all data required for SPEP scoring are available, we were unable to score this service due to lack of risk scores and specific service date information.

*Disclaimer

This is a general feedback report informed with evidence-based research about reducing recidivism for juveniles involved in the juvenile justice system. This service provided by this program did not have adequate data to populate the SPEP tool developed as a component of the JJRRI. Adequate refers to the criteria specified above, in that there must be at least 10 juveniles in the cohort group during the specified time frame. Of those 10 juveniles receiving the service, at least 80% must have must have a risk score or a YASI completed by the HSW prior to that service starting with that juvenile. Lastly, we have to have accurate data that reflects each time the youth received the service, how much they received and the specific start and end dates for that service.

Given the inability to meet these thresholds, general feedback is being provided based on 1) the information gathered from the program providers regarding the programs' delivery of this specific service in addition to 2) guidance based on the research derived from the JJRRI regarding this particular service. There were not enough youth in the cohort that met these criteria in order to be included in the formalized scoring of this service.

Program Description

Example Provider's mission, vision, tagline (if applicable).

Example Provider ➜ Insert ALL Elements of the Program Profile (i.e. Org Name, Prgm Name, list services rendered)

Example Provider's ➜ Referral Source(s) are/is…

Example Provider's ➜ intake process entails…

Source: This data was provided by _____

Service Type

This section provides specific information on the service classification as it has been identified by the SPEP process. SPEP classifies services into 5 groups, where the assignment of a service into group #1 through #5 is based on the evidence of the greatest effects on recidivism for that specific service. This section identifies the specific service being rendered and matches that service to the SPEP group classification. Scores in this component can range from 5 to 35.

The _____ service that is rendered by _____ is identified as a Group ___ Service: _____ and receives __ points based on the SPEP. __ *supplemental points can be given if behavioral contracting/management is a built-in component of the service; (Optional) however this does not apply at this time to this service as it was not illustrated as a built-in component of the service.*

Quality of Service Delivery

The quality component of the SPEP is rated on a high to low scale in each of the following areas: written protocol, staff training, staff supervision, and response to drift. The ratings in each of these areas are combined to yield an overall quality score that ranges from 5 (low rating in each area) to 20 (high rating in each area) points. _____ received a total score of _____, based on implementation of the items identified below:

Written Protocol (up to 5 total points can be awarded)
_____ Written manual/protocol of administrative practices that foster engagement (customer service protocol) 1pt
_____ Written manual/protocol of how the service is to be delivered in addition to any protocols established by the Purchaser (clinical/service implementation protocol) 1 pt
_____ Manuals/protocol is broken out by lesson/session by stage of involvement (start to finish) 1 pt
_____ Written intake process that involves matching individual needs with the type and intensity of services to be provided 1 pt
_____ Documentation that manual/protocol is reviewed and updated at specific intervals (year, semi-annually, etc.) 1 pt

Staff Training (up to 6 total points can be awarded)
_____ Minimum education, experience, and/or certification is required and documented for service delivery staff   1 pt
_____ Agency's education, experience, and/or certification requirements exceed those established by Purchaser 1 pt
_____ Continued trainings or recertification for service delivery staff is formally tracked and documented 1 pt
_____ Documentation that all staff has been oriented to protocol and reviewed policies and procedures 1 pt
_____ Agency offers tuition reimbursement 1 pt
_____ Agency offers in-service trainings at least annually 1 pt

Staff Supervision (up to 4 total points can be awarded)
_____ Supervisors have face-to-face contact with all service delivery staff at identified intervals to review adherence to protocols and quality of service delivery (document findings) 1 pt
_____ Supervision is individualized to service provider based on needs for supervision 1pt
_____ Performance Evaluations are completed on all service delivery staff on a yearly basis 1pt
_____ Performance Evaluations are, in part, based on adherence to protocol and by assessing the service that is being delivered as designed 1 pt

Response to Drift (up to 5 total points can be awarded)
_____ Agency has a complaint/grievance process that clients know about and can access 1 pt
_____ Agency conducts internal audits/peer reviews at identified intervals to address adherence to protocols and quality of service delivery 1 pt

_____ Agency has specific outcome measures regarding service effectiveness, which are quantifiable and continually measured by the agency 1 pt

_____ Agency has a client/family satisfaction process 1 pt

_____ Annual turnover for service delivery staff is less than the median turnover rate for that service or less than 15% (total number of separations in previous 12 months divided by total number of providers budgeted/on average) 1 Pt.

Duration of Service

For the purposes of SPEP, the duration of service refers to the amount of time between the first day that the primary service was provided to the youth and the last day that this same service was provided to the youth - not to include any administrative intake and/or termination dates, but actual service provision dates.

Information regarding the target duration and contact hours as identified by the SPEP process will be provided for every service that meets SPEP criteria, despite whether the service was able to be adequately scored or not.

Source: This data was provided by _____

Contact Hours

For the purposes of SPEP, the contact hours refers to the total number of contact hours each youth has with the primary service - not to include any administrative processes that that do not directly involve the youth.

Information regarding the target duration and contact hours as identified by the SPEP process will be provided for every service that meets SPEP criteria, despite whether the service was able to be adequately scored or not.

Source: This data was provided by _____

Risk Level of Youth

The meta-analysis research on delinquency intervention programs has shown that there are larger positive effects on recidivism with higher risk youth than with their lower risk counterparts. For this reason, the risk score is included in the SPEP process with emphasis on the moderate and high risk youth in order to illustrate the most positive effects.

The risk level score is compiled by calculating the total % of juveniles with moderate to high risk scores (greater than low) to recidivate within the sample, and also the total % of juveniles with a high risk score (greater than moderate) to recidivate within the sample. The risk scores are based on the results of the YASI completed by the HSW. Scores on this component range from 0 to 25 with higher scores denoting that a greater percentage of the cohort has risk scores above low.

Source: This data was provided by _____

Summary

At the present time we are unable to provide actual SPEP scores for this service due to lack of sufficient data, i.e. not having enough available risk scores for the youth represented in the cohort. However, we greatly value your partnership in this endeavor and hope to be able to provide scores for this service in the future.

It is essential to reiterate that the purpose of this report and process is not punitive in nature, but seen as an opportunity to improve programming offered to our at-risk youth involved the juvenile justice system as well as an opportunity to better align our youth with appropriate services according to research-based evidence that suggests the highest impact in reducing recidivism in youth.

Program improvement capacity is the results of the SPEP and information collection process that focuses on program development. It is the expectation of Milwaukee County Delinquency and Court Services Division that your organization will review and consider the changes identified in this report. Failure to do so will not result in a loss of contract; however standards identified in this process will be implemented in future contract requirements.

Program Strengths

There are several areas where the *Example Program* excels and scored very well...

Program Improvement Capacity

From a diagnostic and program improvement perspective, a SPEP score rating allows for the identification of aspects of a service that make the greatest impact on effectiveness as well as assessment and guidance on improving those aspects where the particular service may fall short.

Based on the SPEP and information collection process, the program could improve its capacity for recidivism reduction through programmatic changes in the following areas:

1) Including behavioral contracting/management as a built-in component of the therapy service,
2) Implementing any of the items from the quality of service component not currently in place,
3) Change format/design of programming to meet target dosages for the specified service for every youth,
4) Consider the level of programming your agency specializes in and your desired target risk population.

Action Plan

An action plan template is available via DCSD. To address the capacity for program improvement, action plans are due to DCSD via email no later than 4 weeks from the date of the site visit and/or the date of this feedback report, which is _____.

Contact Person

Please contact De Shell Parker (DCSD Administrative Coordinator/ JJRRI Coordinator) at 414.257.5751 to further discuss scoring and for answers to any questions you may have with regard to the data required for future SPEP scoring. Email is also an option for contact: DeShell.Parker@milwaukeecountywi.gov

Delinquency and Court Service Division (DCSD)
Juvenile Justice Reform and Reinvestment Initiative (JJRRI)

Program Improvement Action Plan

Email the completed electronic form to:

DeShell.Parker@MilwaukeeCountyWi.gov

Action Plan due within 4 weeks of Site Visit/Receipt of feedback report:

Organization/ Agency Name:	
Address: (City/ State/ Zip)	
	Phone: ( ) -
	Fax: ( ) -
Provider Follow-up/ Contact Person:	Direct Phone: ( ) -
Title of Contact Person:	
Email:	@

Identified Concern	Plan to Address Concern/ Agency Response	Responsible Party	Time Line
1) Enter the concern here...	The agency will...		**Project Implementation Date:** *(Enter a Start Date).* **Anticipated Completion Date of Project Implementation:** *(Enter a date for the expected completion to implement this project).* **Project Status:** Completed ☐ Ongoing ☐ *(Check the appropriate box).*
(Enter concern identified from the feedback report).	*(Enter the agency's plan to address/rectify the concern identified).*	*(Designate Person Responsible for oversight of this response).*	

add Boxes/Pages As Needed.*

Delinquency and Court Services Division (DCSD)

Continuous Quality Improvement Cycle

KEY:

- Responsibilities for All
- DCSD Responsibility
- Provider Ambassador (PA) Responsibility

PA Co-Facilitate Bi-Monthly Provider Meetings

PA Champion Mentoring

DCSD On-Going Support & Hosting of Provider Meetings

Performance Improvement Time Frame

Education and Training Time Frame

AUGUST
- DCSD Scoring Activities
- Provider Site Visits

JANUARY
- Provider Action Plans Due

DECEMBER
- NIatx Change Academy Training

NOVEMBER
- Information Session

OCTOBER
- Disseminate SPEP Scores
- Introduction Email

SEPTEMBER
- DCSD PI Preparation